

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) DHR/EDUCATION SERVICES STONE EDUCATION CENTER BLDG. 6242 COLORADO AVENUE JOINT BASE LEWIS-MCCHORD WA 98433-9500	3. FROM (Include ZIP Code) YOUR UNIT YOUR UNIT'S PHONE NUMBER
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) SELF-EXPLANATORY	5. GRADE OR RANK/PMOS/AOC SELF-EXPLANATORY	6. SOCIAL SECURITY NUMBER SELF-EXPLANATORY
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**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action (Check as appropriate)

Service School (Enl only)	Special Forces Training/Assignment	Identification Card
ROTC Reserve Component Duty	On-the-Job Training (Enl only)	Identification Tags
Volunteering Overseas Service	Retesting in Army Personnel Tests	Separate Rations
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB
Exchange Reassignment (Enl only)	Officer Candidate School	Other (Specify)
Airborne Training	Asgmt of Pers with Exceptional Family Members	X AFAST

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

PLEASE ADD THE FOLLOWING FOUR REMARKS TO YOUR 4187:

1. WRITE ONE OF THE FOLLOWING: THIS IS AN INITIAL EXAM. **OR** THIS IS A RETEST.
2. IF RETEST, WRITE THE FOLLOWING: I HAVE NOT TAKEN THIS EXAM WITHIN THE LAST 6 MONTHS.
3. I HAVE READ DA PAM 611-256-2. (THIS IS REQUIRED READING. THE INDIVIDUAL CAN NOT TAKE THE EXAM UNLESS IT HAS BEEN READ.)
4. SOLDIER'S PERSONAL PHONE NUMBER: \_\_\_\_\_

**NOTES TO EXAMINEE (DO NOT ADD TO YOUR 4187):**

1. THIS REQUEST MUST BE SUBMITTED TO THE APT OFFICE, RM 230, STONE EDUCATION CENTER, NLT 2 WORKING DAYS PRIOR TO THE DESIRED TEST DATE.
2. THE AFAST IS ADMINISTERED ON THUSDAYS AT 0850.
3. APT INFORMATION: 253-967-3889/3357 <http://www.lewis.army.mil/eso/APT/APT.htm>

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE REQUIRED	13. SIGNATURE REQUIRED	14. DATE (YYYYMMDD) SELF-EXPLANATORY
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